

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/720718** FILING DATE **28 DEC 2000**

APPLICANT(S) *Jacky*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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49			/			
50			/			
TOTAL IND.			19			
TOTAL DEP.			31			
TOTAL CLAIMS			50			

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TOTAL CLAIMS								